

The presentation will begin shortly.
There will be no audio until then.



Frequently Asked Questions

North Dakota Department of Health

How to Use Today's Presentation

- * First, a question commonly asked of the Immunization Program will be presented.
- * Next, answer choices will be shown.
- * A poll will appear on the right side of your screen
 - * Discuss the question amongst your group and choose an answer.
 - * All participants will have 1 minute to answer.
- * The correct answer and the results will be shown after 1 minute.
 - * Percentages will be shown, not individual responses.

I

Which of the following adults do not need shingles vaccine?

Which of the following adults do not need shingles vaccine?

- A. Adults 60 years and older that have an unknown or known history of disease should receive the shingles vaccine.
- B. All adults 60 years and older should receive the shingles vaccine.
- C. Adults that received both doses of chickenpox vaccine for any reason.
- D. Both A and C are Correct.

Correct Answer!

C. Adults that received both doses of chickenpox vaccine for any reason.

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Chickenpox and Shingles Vaccines

- * The Shingles vaccine is licensed for adults 50 years or older and recommended by the ACIP for adults 60 years and older.
- * Recommendations are based on the knowledge that the vaccine provides protection for up to 6 years, right now. Age and underlying medical conditions can cause serious , sometimes fatal complications with shingles. A person vaccinated at 50 years old may not have immunity still at 65 and may be susceptible to life-threatening infection due to age and other medical conditions. For this reason the ACIP recommendations did not change with the FDA licensure.
- * If a person's varicella immunity is based on vaccination (received 2 doses of varicella vaccine), the zoster vaccine is not indicated regardless of age.

II

Do expecting fathers and other family members of a pregnant woman need a Tdap booster for each pregnancy?

Do expecting fathers and other family members of a pregnant woman need a Tdap booster for each pregnancy?

- A. Yes, any adult that will frequently be near the new infant should receive a Tdap booster, regardless of immunization history.
- B. The booster dose of Tdap during pregnancy applies only to the mother and only if administered during the pregnancy.
- C. Tdap should be boosted every 10 years for all adults.
- D. Tdap is a one time dose only for all adults regardless of pregnancy.

Correct Answer!

B. The booster dose of Tdap during pregnancy applies only to the mother and only if administered during the pregnancy.

Tdap Recommendations

- * Tdap is recommended during each pregnancy regardless of the mother's immunization history.
- * When administered between 27 and 36 weeks gestation, infants are provided with 6-8 weeks after birth of increased immunity to pertussis.
- * Women not vaccinated during pregnancy should only receive a dose of Tdap post-partum if she has no Tdap immunization history.
- * All adults that have not had a Tdap should receive a one time dose of the vaccine and be boosted with Td every 10 years.



III

If we have temperature excursions not related to the defrost cycle of our unit, can we use the stability information sent by the manufacturer the last time we reported an out of range temperature?

If we have temperature excursions not related to the defrost cycle of our unit, can we use the stability information sent by the manufacturer the last time we reported an out of range temperature?

- A. Yes, stability information can be used in place of following the temperature excursion trouble shooting guide.
- B. No, the manufacturers must be called and actions taken must be documented for each excursion.
- C. Yes, as long as someone is keeping track of the number of excursions, temperatures, and length of exposure and comparing it all to the stability data for each excursion.
- D. Yes, because temperature monitoring is not a requirement of the VFC program, any documentation is above and beyond requirements.

Correct Answer!

- B. No, the manufacturers must be called and actions taken must be documented for each excursion.

Out of Range Temperature Guidance

- * Temperature logs for the previous month must be submitted at the beginning of the current month.
- * All documented temperature excursions must have an attached explanation and actions taken.
- * All temperature excursions that are not the result of an automatic defrost cycle must be documented and the trouble shooting guide should be completed.
 - * This includes calling manufacturers to ensure that the vaccine is still viable. Often, a vaccine that has one excursion and is deemed still viable, may not be when exposed to another temperature excursion.

Out of Range Temperature Guidance



- * All excursions that result in vaccine wastage must be reported with a vaccine wastage form completed online or faxed to the immunization program.
- * While most manufacturers will send stability information explaining the reason vaccine is viable or nonviable after that particular excursion, their recommendations may change when vaccine is exposed multiple times or depending on the length of time exposed to out of range temperatures.



IV

We received our replacement FluMist® but the lot numbers are not in our inventory. What do we need to do?

We received our replacement FluMist® but the lot numbers are not in our inventory. What do we need to do?

- A. Call the immunization program with the lot number, expiration date, and number of doses to have the inventory updated.
- B. If you wait until the next day the number should be in your vaccine inventory.
- C. Replacement FluMist® will have the same lot number as the vaccine that was returned.
- D. Replacement vaccine does not have to be entered using a lot number.

Correct Answer!

- A. Call the immunization program with the lot number, expiration date, and number of doses to have the inventory updated.

Missing Lot Numbers

- * Replacement FluMist® comes directly from the manufacturer.
- * The immunization program does not receive shipping information for the replacement vaccine and therefore cannot upload lot numbers into provider inventories automatically.
- * When any state supplied vaccine lot number is not in your inventory, and you have checked the "Include no doses on hand" box when checking for the lot number in the Lot Distribution in NDIIS, call the immunization program with the lot number, number of doses, and expiration date to have the vaccine added to the inventory.
- * If the lot distribution shows that you have that lot number, adjust the inventory to reflect what is on hand now.

V

The vaccine ordering table always says I have more or less on hand than I really do, why is this?

The vaccine ordering table always says I have more or less on hand than I really do, why is this?

- A. The inventory in the ordering table will never be correct.
- B. The inventory in the ordering table is based on the lot distribution. Unless data is entered correctly or lot distribution is adjusted to show actual inventory on hand, it will not match.
- C. Lot distribution cannot be adjusted. The numbers are based solely on shipment information and doses entered on clients.
- D. None of the above

Correct Answer!

B. The inventory in the ordering table is based on the lot distribution. Unless data is entered correctly or lot distribution is adjusted to show actual inventory on hand, it will not match.

Lot Distribution

- * The lot distribution should be adjusted when inventory is done to ensure accuracy.
- * Doses entered without a lot number will not be decremented from inventory. Doses that are entered incorrectly will decrement the original vaccine but fixing them will not add the dose back to the original inventory.
- * Entering inventory on hand in the text field of the ordering table will not change the lot distribution.
- * Consistent upkeep of the lot distribution in NDIIS and accurate data entry is the only way the ordering table will reflect your actual inventory.

VI

Can we use Kinrix® when a child has received 4 doses of Pentacel®?

Can we use Kinrix® for the booster dose at 4-6 years when a child has received 4 doses of Pentacel®?

- A. Yes, though using the same manufacturer of all DTaP doses in a series is preferred.
- B. No. The same vaccine manufacturer must be used for all DTaP doses in a series or the dose will be invalid.
- C. The diluent for Pentacel is DTaP/IPV and may be administered as the booster dose at 4-6 years.
- D. Pentacel may be used for the DTaP/IPV dose at 4-6 years and the HIB component will be invalid.

Correct Answer!

- A. Yes, though using the same manufacturer for all DTaP doses in a series is preferred.

Booster doses of DTaP and IPV

SD Pentacel is a combination vaccine that contains a lyophilized Hib vaccine that is reconstituted with the liquid DTaP/IPV solution. The solution is licensed only for use as the diluent for the Hib component and should never be used separately.

* Though it is preferable to use the same manufacturer's DTaP vaccine for all doses in the series, Kinrix can be used as the 5th dose of DTaP and 4th dose of IPV at age 4-6 years if the previous brand is unknown or if Kinrix is the only product stocked.

VII

**What vaccines does the state provide for
Uninsured/underinsured adults?**

**What vaccines does the state provide for
Uninsured/underinsured adults?**

- A. None.
- B. All of the vaccines supplied in the VFC program are also supplied for adults.
- C. HPV, MCV-4, MMR, PPSV23, and Td/Tdap as well as hepatitis A and B for testing sites
- D. Tdap only.

Correct Answer!

C. HPV, MCV-4, MMR, PPSV23, and Td/Tdap as well as hepatitis A and B for testing sites

State Vaccine Coverage

- * Only uninsured and underinsured adults may receive state supplied vaccine.
- * Despite recommendations for PCV13 use in some high risk adults, this vaccine is not supplied for adult use and VFC supply may not be used. All PCV13 used for adults must be private supply and the eligibility status must be marked as "Not Eligible."
- * VFC eligibility categories only apply to children. Medicaid eligible and American Indian/Alaskan Native adults are not eligible for state supplied vaccines.
- * A copy of the updated vaccine coverage table is available on the immunization program website.
www.ndhealth.gov/immunize/Documents/Providers/Forms/Vaccinecoverage2013.pdf

VIII

Sometimes when searching for clients in NDIIS we find that there is more than one record for the person, what should we do?

Sometimes when searching for clients in NDIIS we find that there is more than one record for the person, what should we do?

- A. Make sure that all doses are entered into both records so users have the option of picking either record.
- B. Only the immunization program can mark records as duplicates.
- C. Providers can enter all the immunizations on one record and delete the other.
- D. Type the word "DUPLICATE" in the first address line and include necessary explanations.

Correct Answer!

- D. Type the word "DUPLICATE" in the first address line and include necessary explanations.

Duplicates in NDIIS

- * If a duplicate record is found, the one with the outdated demographic information should be marked with "DUPLICATE" in the address line of the demographics.
- * This record will be combined with its match during the automated deduplication process.
- * If the child saw providers outside of your own that you do not have access to add doses under, do not combine the records using "unknown provider" and dummy doses. Contact the immunization program if the record needs to be combined immediately to ensure the records remain accurate and with as much detail as possible.
- * To prevent excessive duplicate records be sure to search for the current name, any previous last name or combination name if it is hyphenated.

IX

What is the difference between recommended childhood vaccines and required vaccines for school attendance in North Dakota?

What is the difference between recommended childhood vaccines and required vaccines for school attendance in N.D.?

- A. N.D. school requirements are based on ACIP recommendations with the exception of HPV and Influenza vaccines.
- B. Vaccines are not required for school attendance in N.D.
- C. All ACIP recommended vaccines are required by the recommended age for school attendance.
- D. There is no difference between ACIP recommended vaccines and vaccines required for school attendance in N.D.

What is the difference between recommended childhood vaccines and required vaccines for school attendance in N.D.?

- A. N.D. school requirements are based on ACIP recommendations with the exception of HPV and Influenza vaccines.

N.D. School Requirements

- * School requirements are based on the recommended ages and intervals by the ACIP schedule.
- * School requirements are mandated by N.D. legislature under Century Code Chapter 33-06-05 and State law 23-07-17.1
- * HPV vaccine and influenza are not required for school attendance but are just as important as required vaccines.
 - * HPV vaccine should be administered following the recommended schedule at 11-12 years.
 - * Influenza vaccine should be administered annually.
- * N.D. School Requirements can be found at:
http://www.ndhealth.gov/immunize/Documents/Schools/School_Requirements_2013-2014.pdf

X

What are the minimum intervals for HPV vaccine?

What are the minimum intervals for HPV vaccine?

- A. HPV Vaccine should be administered at a 0, 1 month, and 12 month schedule.
- B. The minimum interval between the 1st and 2nd dose is 4 weeks, between the 2nd and 3rd dose is 12 weeks and between doses 1 and 3 is 24 weeks.
- C. The minimum interval between the 1st and 2nd dose is 8 weeks, between the 2nd and 3rd dose is 12 weeks and between doses 1 and 3 is 24 weeks.
- D. The minimum interval between each dose is 4 weeks.

Correct Answer!

B. The minimum interval between the 1st and 2nd dose is 4 weeks, between the 2nd and 3rd dose is 12 weeks and between doses 1 and 3 is 24 weeks.

HPV Vaccine

- * There is no accelerated schedule for HPV vaccine. The recommended schedule should be followed: 0, 1-2, and 6 months.
- * While the vaccine minimum valid intervals are 4 weeks between doses 1 and 2 and 12 weeks between 2 and 3 there must be 24 weeks between the 1st and 3rd doses. All minimum intervals must be met to be valid.
- * Never restart the series in the event of a large gap of time. Just pick up where the patient left off and complete it following the recommended intervals.

XI

If a 6 year old child only receives 3 doses of DTaP but all are after one year of age are they adequately protected?

If a 6 year old child only receives 3 doses of DTaP but all are after one year of age are they adequately protected?

- A. The child would be considered up-to-date.
- B. The child should receive one dose of Dt to be up to date.
- C. The 4th dose of DTaP would be recommended to adequately protect the child.
- D. The child should receive one dose of Tdap to be adequately protected.

Correct Answer

- C. The 4th dose of DTaP would be recommended to adequately protect the child.

Catching up Children in the DTaP/Tdap Gap

- * If a child is not yet 7 years old and only has 3 doses of DTaP, the child will need a 4th dose of DTaP.
- * If the child received their 4th dose after the age of 4 years, a fifth dose is not needed.
- * If a child has a valid contraindication for pertussis-containing vaccine and received one dose of Diphtheria-containing vaccine prior to age 1, the primary series is 4 doses.
- * If a child has 3 doses all after the age of 1, the series is only 3 doses.

XII

How do I borrow and return vaccine in the NDIIS?

How do I borrow and return vaccine in the NDIIS?

- A. Enter a state lot for a not eligible child/enter a private lot for a VFC or other state eligible child.
- B. Use the Lot Distribution tab to borrow and return doses for state and private supply.
- C. Get the immunization program to transfer state lots into my NDIIS inventory when I need to borrow or return.
- D. I don't have to track borrow and return activity in the NDIIS.

Correct Answer!

- A. Enter a state lot for a not eligible child/enter a private lot for a VFC or other state eligible child.

Borrow and Return

- * The NDIIS keeps a running tally of how many doses have been borrowed from and returned to both state supplied and privately purchased vaccine.
- * Borrowing should occur only in rare circumstances.
- * All intentional and accidental borrow/return activity must still be tracked using the immunization program VFC Vaccine Borrow/Return Report paper form and submitted via fax when completed.
- * The form is found here:
www.ndhealth.gov/Immunize/Documents/Providers/Forms/VFCBorrowReturn2013.pdf
- * Any borrowed doses of state-supplied vaccine must be returned within 4 weeks.

Borrow and Return

- * Doses being returned must be the exact same presentation as the dose that was borrowed, in order for the doses to balance each other out
- * Example – a dose of state-supplied IIV3 W/P was given to a not eligible child, a dose of private IIV3 P/F given to a VFC eligible child will not zero out the borrowed dose of state vaccine
- * Interoperable providers who cannot make data entry changes to the vaccine funding source or VFC status in their EMR because of their billing set-up must make the appropriate changes in directly in the NDIIS.

Borrow and Return

If borrowing from state supply to private, enter a state lot number and select the "NOT ELIGIBLE" VFC status in the patient's NDIIS record

Dose Management

*Provider: 4321 - MY TRAINING PROVIDER
 *Dose Date: 05/01/2013
 *Lot #: 05/01/2013
 *Vaccine: MMR
 *Reaction: NONE
 *VFC: NOT ELIGIBLE

If borrowing from private stock to state, enter a private lot number and select an eligible VFC status

Dose Management

*Provider: 4321 - MY TRAINING PROVIDER
 *Dose Date: 05/01/2013
 *Lot #: 05/01/2013
 *Vaccine: IPV-4
 *Reaction: NONE
 *VFC: MEDICAID

Borrow and Return

Each time you add a “borrowed” dose of vaccine, the system will give a warning making sure you want to continue to add the dose

Only doses with a dose date after May 11th, 2013 will show up on your borrow/return reports

Borrow and Return

If a dose of state vaccine was borrowed, a dose of private vaccine must be returned by entering a private lot number and selecting an eligible VFC status

If a dose of private vaccine was borrowed, a dose of state vaccine must be returned by entering a state lot number and selecting the “NOT ELIGIBLE” VFC status

Enter exactly what is administered and the VFC or eligibility status of that client

Borrow and Return

- * There are two reports available in the NDIIIS to help providers keep track of their borrow/return activity.
- * Borrow and Return Lots – Balance
 - * Shows the total outstanding balance of doses owed to both state and private supply.
 - * Includes any starting balances that would have been transferred from the old system
- * Borrow and Return Lots – Detailed
 - * Shows client and dose details of all doses of state vaccine given to not eligible clients and doses of private vaccine given to VFC or other state eligible clients

Borrow and Return Balances Report

Saved Reports | New Request

☐ Include Emergency Preparedness Reports

Report: **Borrow and Return Balances**

Enter **0** for Patient and Return Date: **01/01/2013**

Enter **0** for Compliance Survey

Enter **0** for Prov/Clin Admin/Managed

Enter **0** for Lot Distribution by Lot

Enter **0** for Inventory Expired

Borrow Return Report - Balance Report
Printed on 7/8/2013 11:16:47 AM

Provider: 09990 - PROVIDER NAME

Vaccine	Starting Balance		(After 05/11/2013) Doses Given		Current Balance	
	Doses Owed to State Supply	Doses Owed to Private Supply	Doses of state supplied vaccine given to VFC or other state eligible	Doses of private vaccine given to VFC or other state eligible	Doses Owed to State Supply	Doses Owed to Private Supply
PPV23 (Pneumococcal)	0	0	0	0	0	0
HB (Hep B) AC/THB	0	0	0	0	0	0
DTaP-Hb-IPV (Pertussis)	0	1	0	0	0	1
DTaP-Hb-IPV (Pertussis)	0	4	1	0	0	3
MCV4 (Meningococcal)	11	0	0	0	11	0

Borrow and Return Detailed Report

Saved Reports | New Request

☐ Include Emergency Preparedness Reports

Report: **Borrow and Return Balances**

Enter **0** for Patient and Return Date: **01/01/2013**

Enter **0** for Compliance Survey

Enter **0** for Prov/Clin Admin/Managed

Enter **0** for Lot Distribution by Lot

Borrow Return Report - Detailed Report
Printed on 7/8/2013 11:52:40 AM

Begin Date: 05/11/2013
End Date: 07/05/2013
Provider: 09990 - PROVIDER NAME

State Supplied Vaccine Given to VFC not-eligible - (After 05/11/2013)					
Name	Birthdate	Vaccine	Lot Number	Dose Date	VFC Eligibility
TEST PATIENT 1	02/23/1986	CHICKENPOX	HC18791	06/18/2013	NOT ELIGIBLE
TEST PATIENT 2	10/01/1989	HEPV (Preservative Free)	4HPC277CA	05/21/2013	NOT ELIGIBLE
TEST PATIENT 3	10/01/1989	HPV-4	HC12643	05/21/2013	NOT ELIGIBLE
TEST PATIENT 4	11/19/1979	TDAP	UAC15AA	05/21/2013	NOT ELIGIBLE
TEST PATIENT 5	01/01/1990	HPV-4	HC12643	05/21/2013	NOT ELIGIBLE

Private Supply Vaccine Given to VFC or Other State Eligible - (After 05/11/2013)					
Name	Birthdate	Vaccine	Lot Number	Dose Date	VFC Eligibility
TEST PATIENT A	12/01/1985	TDAP	C44G248	06/14/2013	OTHER STATE ELIGIBLE
TEST PATIENT B	04/09/1992	MCV4 (Meningococcal)	U42G448	06/14/2013	OTHER STATE ELIGIBLE
TEST PATIENT C	09/04/1992	PPV23 (Pneumococcal)	HC17739	06/05/2013	OTHER STATE ELIGIBLE
TEST PATIENT D	01/01/1979	TDAP	C4366AA	05/20/2013	OTHER STATE ELIGIBLE
TEST PATIENT E	01/28/1984	PPV23 (Pneumococcal)	HC17739	05/24/2013	OTHER STATE ELIGIBLE

XIII

What do we do if our computers automatically updated Internet Explorer and NDIIS is not working now?

What do we do if our computers automatically updated Internet Explorer and NDIIS is not working now?

- A. If your computer will no longer open NDIIS, then you no longer have to use it.
- B. Computers are updating to Internet Explorer 11, follow the immunization program provided instructions for how to change settings so that NDIIS can function.
- C. Call Thor Support to have your Internet Explorer rolled back to 10.
- D. Wait 24 hours and NDIIS will catch up with the new edition of Internet Explorer.

Correct Answer!

- B. Computers are updating to Internet Explorer 11, follow the immunization program provided instructions for how to change settings so that NDIIS can function.

Internet Explorer Update

- * There is a new version of internet explorer, IE11, that has recently been released by Microsoft. If your computer updates your internet browser or if you get a new computer with IE11, there are some internet settings that need to be changed before the THOR login page will load. Follow the steps below to change your IE11 settings:
- * With IE open, go to Tools > Internet Options
- * Click on the Advanced tab
- * Make sure the boxes in the Advanced settings (scroll all the way to the bottom) are set exactly as they are here:

- ☐ Use SSL 2.0
- ☒ Use SSL 3.0
- ☒ Use TLS 1.0
- ☐ Use TLS 1.1
- ☐ Use TLS 1.2

Internet Explorer Update Continued

- * Click OK to save the new settings and close Internet Options
- * With IE still open, go to Tools > Compatibility View settings
- * Enter "thor.org" in the Add this website box
- * Click Add to add the site
- * Click Close and close the Compatibility View settings box
- * Close your internet browser
- * Open internet explorer again and THOR should load for you

XIV

When is Prevnar (PCV13) supposed to be used for adults versus Pneumovax (PPSV23)?

When is Prevnar (PCV13) supposed to be used for adults versus Pneumovax (PPSV23)?

- A. All adults 19 and older should receive a dose of PCV 13 followed by PPSV23.
- B. No adult should ever received PCV13.
- C. No healthy adult should ever receive PPSV23
- D. Some High Risk adults are recommended to receive a dose of PCV13 and a dose of PPSV23, depending on the medical condition.

Correct Answer

D. Some High Risk adults are recommended to received a dose of PCV13 and a dose of PPSV23 depending on the medical condition.

Pneumococcal Vaccine

- * A single dose of PPSV23 is recommended for all adults ages 65 and older.
- * Adults 65 and older need to be revaccinated **once** if they received a dose prior to turning 65.
 - * Second dose should be given at least 5 years after first.
- * Routine revaccination is not recommended.
- * Also recommended for people of any age with:
 - * Chronic illness: cardiovascular disease, pulmonary disease, diabetes, alcoholism, cirrhosis, CSF leaks, cochlear implants
 - * Decreased immunologic function
 - * HIV infection
 - * Smokers
 - * People with asthma

Adult PCV13 Recommendations

- * Expanded in June 2012, to include adults 19 years or older with specific immunocompromising conditions (see table)
- * To be used in conjunction with PPSV23 to prevent severe or fatal pneumococcus infection
- * These high risk patients can be more than 20 times more likely than healthy adults to be infected
 - * When Prevnar® is administered first, the minimum interval to administer Pneumovax ® is 8 weeks.
 - * When Pneumovax® is administered first, the minimum interval to administer Prevnar® is 12 months.
 - * The minimum interval between doses of Pneumovax® is 5 years when a second dose is indicated for individuals that received a dose prior to age 65.

Adult PCV13 Recommendations Cont.

The CDC recommends the use of PCV13 in adults 19 years of age or older with specific immunocompromising conditions.

Risk group	Underlying medical condition	PPSV23		
		PCV13 Recommended	Recommended	Re vaccination 5 yrs after first dose
Immunocompetent persons	Chronic heart disease ¹		✓	
	Chronic lung disease ²		✓	
	Diabetes mellitus		✓	
	Cerebrospinal fluid leak	✓	✓	
	Cochlear implant	✓	✓	
	Alcoholism		✓	
	Chronic liver disease, cirrhosis		✓	
	Cigarette smoking		✓	

Adult PCV13 Recommendations Cont.

Persons with functional or anatomic asplenia	Sickle cell disease/other hemoglobinopathy	✓	✓	✓
	Congenital or acquired asplenia	✓	✓	✓
Immunocompromised persons	Congenital or acquired immunodeficiency ³	✓	✓	✓
	Human immunodeficiency virus infection	✓	✓	✓
	Chronic renal failure	✓	✓	✓
	Nephrotic syndrome	✓	✓	✓
	Leukemia	✓	✓	✓
	Lymphoma	✓	✓	✓
	Hodgkin disease	✓	✓	✓
	Generalized malignancy	✓	✓	✓
	Iatrogenic immunosuppression**	✓	✓	✓
	Solid organ transplant	✓	✓	✓
	Multiple myeloma	✓	✓	✓



Questions

Type your question into either of the chat windows at your right.

After the presentation, questions may be sent to:

Molly Howell	mahowell@nd.gov
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Or call 701.328.3386 to speak to someone in the Immunization Program

This presentation will be posted to our website: www.ndhealth.gov/immunize

Post-test

- * Nurses interested in continuing education credit, visit www.ndhealth.gov/immunize/posttest/
- * Successfully complete the five-question post-test to receive your certificate
- * **Credit for this session is only available until 5pm, January 22, 2014.**
